

**SOUTH CHILTERN MINOR LEAGUE**

**Transfer Form**

(This section to be completed by the Players Proposed Club Secretary)

**Season:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Age Level:** \_\_\_\_\_

**Present Club:** \_\_\_\_\_

**Proposed Club:** \_\_\_\_\_

**I, as Club Secretary on behalf of**

\_\_\_\_\_ **F.C**

**request the transfer of the above named player.**

**Signed:** \_\_\_\_\_

The Player has taken part in the:

Chronicle Cup. Yes/No

Sponsors Cup. Yes/No